116000174645

| (F | Requestor's Name) | | | |
|---|-------------------------|-------------|--|--|
| (F | Address) | | | |
| | Address) | | | |
| (0 | City/State/Zip/Phone #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (E | Business Entity Name) | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates of S | Status | | |
| Special Instructions to Filing Officer: | | | | |
| 1 | | | | |
| | | | | |
| | | | | |

Office Use Only



600301047846

9210217--01029--011 **55.00



JUL 13 2017 J SHUVERS

COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|--------|---|---------------|---|
| SUBJ | SDM PROPERTIES III, LLC | | |
| | (Name of Limited | d Liability C | ompany) |
| The e | nclosed member, resignation or dissociati | ion and fee | e(s) are submitted for filing. |
| Please | : return all correspondence concerning th | is matter to |): |
| LAUF | RA E. KELLY | | |
| | (Contact Person) | | _ |
| LAUF | RA E. KELLY, P.A. | | |
| | (Firm/Company) | | |
| 1430 | SOUTH DIXIE HIGHWAY SUITE #30 | 09 | |
| | (Address) | | _ |
| COR | AL GABLES, FL. 33146 | | |
| | (City State and Zip Code) | | |
| For fu | orther information concerning this matter, | please cal | l: |
| LAUF | RA E. KELLY | 786 at (| 594-0763 |
| | (Name of Contact Person) | | de & Daytime Telephone Number) |
| | sed please find a check made payable to t 5 Filing Fee | | Department of State for: ng Fee & Certified Copy |
| | EET/COURIER ADDRESS: | | MAILING ADDRESS: |
| | tration Section on of Corporations | | Registration Section Division of Corporations |
| Clifto | n Building | | P.O. Box 6327 |
| | Executive Center Circle hassee, Florida 32301 | | Tallahassee, Florida 32314 |

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

| 1. The name of the limited liability company as of State is: SDM PROPERTIES III, LLC | it appears on the records of the Flo | rida Department |
|--|---|-----------------------------------|
| 2. The Florida document/registration number as L16000174645 | signed to this limited liability comp | oany is: |
| (Print Name of Person Resigning) MANAGER AND MEMBER | igned or will withdraw/resign is: 3/, hereby withdraw/resign as a | 3 1/2 017 7 |
| of this limited liability company and affirm the resignation in writing. | e limited liability company has beer | n-motified of my |
| Signature of Dissociating Member or Resign Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional) | ning Manager | |